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UNITED STATES HOUSE OF REPRESENTATIVES FORM B	APR 126 2078 1 of
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTE:
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	OFFICE OF THE ULEAN OF
New Member of or Candidate for State: 1920 U.S. House of Representatives District: Check if Candidates – Date of Election: 6 – 3, 6 – ) 8  Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office: Shared Principal Assistant to 3 3 7 / 8	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or in the current calendar year up through the date of filing?  E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?  asset during the reporting period?	ring the reporting Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	ortable agreement or arrangement with an reporting period or in the current calendar Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or years? No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	is,
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED T	REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THE	TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	. Have you excluded Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they nexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	uld because they meet all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: RICHMOND DAVIS Page\_ of O

Use additional sheets if more space is required	DAY LOY KND	Cos delagrand	Colmano	SSX5 TUN MUSIL	ABC Hedge Fun	Examples:	SP,  Nega Corp Stock  EF	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation formes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal residement program, including the Thirth Savings Plan.  If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointy held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each easet held in the account that exceeds the reporting thresholds.	identify (a) each asset held for investment or production of income and with a fair mg/tst_value exceeding \$1,000 at the end of the Tegoriary portion pendical and try) after reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.  Powite complete parties of stocks and mutual funds (do not use only ticker synthols).	Assets and/or Income Sources	BLOCK A
		×		~	×	Indefinite	×	None         >           \$1.\$1,000         ∞           \$1,001-\$15,000         C           \$15,001-\$250,000         m           \$50,001-\$100,000         m           \$100,001-\$250,000         π           \$250,001-\$100,000         ∞           \$500,001-\$1,000,000         ±           \$1,000,001-\$25,000,000         −           \$5,000,001-\$25,000,000         ∞           \$25,000,001-\$25,000,000         ∞           \$0wer \$50,000,000         ∞           Spouse/DC Asset over \$1,000,000°         €		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	вьоск в
				×	Partnership Income	Royalties	×	NONE DIVIDENDS  RENT INTEREST CAPITAL GAMS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate income (such as 401(k), IRA, or 528 accounts), you may check the "Tax-Defenred" column. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Type of Income	BLOCK C
				X	×	x	×	None		For essets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.  Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

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Name: RIGMOND DAVIS

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Name: KILMOND DAVIS

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 4 of 6

SCHEDULE A – ASSETS
SCHEDULE A – ASSETS & "UNEARNED INCOME"
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Page 5

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SCHEDULE A ~ ASSETS & "UNEARNED INCOME"
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## SCHEDULE C - EARNED INCOME

Name: Pichmord DAVIS Page 1 of )

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

22 C S 88 -	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, or professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.  Source (include date of receipt for honoraria)	ncome may apply to you after you limit is \$27,765. In addition, certs r staff.	u are on House payroll. The 2016 in types of income (notably honorar	you are on House payroll. The 2016 limit on outside earned income for ertain types of income (notably honoraria, director's fees, and payments for <b>Arnount</b>
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	Name: TICOMORE LAVIS	
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period \*Column K is for liabilities held solely by your spouse or dependent child.

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#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

			Position
		NONE	Name of Organization

### SCHEDULE F - AGREEMENTS

Name: RICHMONER DAVIS Page ) of )

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Date Parties to Agreement NOME Terms of Agreement

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
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